

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	Mug	43	9/15/00
O.I.P.E. CLASSIFIER			9/29/00
FORMALITY REVIEW	RT	515	10-17-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓		9/15/00
2	✓		9/15/00
3	✓		9/15/00
4	✓		9/15/00
5	✓		9/15/00
6	✓		9/15/00
7	✓		9/15/00
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23	✓	✓	
24	-	-	
25	-	-	
26	✓	-	
27	✓	✓	
28	✓	-	
29	✓	✓	
30	-	-	
31	-	-	
32	✓	-	
33	✓	-	
34	-	-	
35	✓	-	
36	✓	-	
37	✓	✓	
38	✓	✓	
39		✓	
40	✓	✓	
41	÷	-	
42	✓	-	
43	✓	-	
44	✓	-	
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49	✓	✓	
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Claim	Final	Original	Date
51	✓	✓	9/15/00
52			9/15/00
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If more than 150 claims or 10 actions
staple additional sheet here

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